



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor  
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief  
BUREAU OF FACILITY STANDARDS  
3232 Elder Street  
P.O. Box 83720  
Boise, Idaho 83720-0036  
PHONE: (208) 334-6626  
FAX: (208) 364-1888  
E-mail: [fsb@idhw.state.id.us](mailto:fsb@idhw.state.id.us)

March 5, 2007

Robyn Smith, Administrator  
Emeritus Corporation - Ridge Wind Assisted Living  
4080 Hawthorne Rd  
Chubbuck, ID 83202

License #: RC-772

Dear Ms. Smith:

On January 17, 2007, a complaint investigation, follow-up/revisit, state licensure survey was conducted at Emeritus Corporation - Ridge Wind Assisted Living. As a result of that survey, deficient practices were found. The deficiencies were cited at the following level(s):

- Non-core issues, which are described on the Punch List, and for which you have submitted evidence of resolution.

This office is accepting your submitted evidence of resolution.

Should you have questions, please contact John Wintgate, RN, Health Facility Surveyor, Residential Community Care Program, at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read "John Wintgate".

JOHN WINGATE, RN  
Team Leader  
Health Facility Surveyor  
Residential Community Care Program

JW/slc

c: Jamie Simpson, MBA, QMRP Supervisor, Residential Community Care Program



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January 23, 2007

Robyn Smith, Administrator  
Emeritus Corporation - Ridge Wind Assisted Living  
4080 Hawthorne Rd  
Chubbuck, ID 83202

Dear Ms. Smith:

On January 17, 2007, a follow-up visit to the standard health care survey with a complaint investigation of November 8, 2006, was conducted at Emeritus Corporation - Ridge Wind Assisted Living. The core issue deficiencies issued as a result of the November 8, 2006, survey have been corrected.

Please bear in mind that non-core issue deficiencies were identified on the punch list, a copy of which was reviewed and left with you during the exit conference. The completed punch list form and accompanying proof of resolution (e.g., receipts, pictures, policy updates, etc.) are to be submitted to this office by February 16, 2007.

Should you have questions, please contact me at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to be 'JS' or 'J Simpson', written in a cursive style.

JAMIE SIMPSON, MBA, QMRP  
Supervisor  
Residential Community Care Program

JS/slc

c: Paula Gilbert, RN, Program Manager, Regional Medicaid Services, Region VI – DHW  
Debra Ransom, R.N., R.H.I.T., Chief, Bureau of Facility Standards



**BUREAU OF FACILITY STANDARDS**  
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Boise, ID 83720-0036  
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## ASSISTED LIVING Non-Core Issues Punch List

Facility Name	Physical Address	Phone Number
Emeritus Corporation - Ridgewood	4040 Hawthorn RD	237-3050
Administrator	City	ZIP Code
Robyn Smith	Chubbuck	83202
Survey Team Leader	Survey Type	Survey Date
John Wingate	F/U + CI	1-16-07

[illegible]

Response Required Date

Signature of Facility Representative

Date Signed

2-16-07

Signature of Facility Representative Barbara Small - Executive Director

1-17-07



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February 9, 2007

Robyn Smith, Administrator  
Emeritus Corporation - Ridge Wind Assisted Living  
4080 Hawthorne Rd  
Chubbuck, ID 83202

Dear Ms. Smith:

On January 17, 2007, a complaint investigation survey was conducted at Emeritus Corporation - Ridge Wind Assisted Living. The survey was conducted by Polly Watt-Geier, LSW, Debbie Sholley, LSW, and John Wingate, RN. This report outlines the findings of our investigation.

**Complaint # ID00002463**

**Allegation #1:** The identified resident is not receiving appropriate care for her edematous, red, sloughing lower extremities.

**Findings:** Based on observation, interview and record review it was determined the identified resident did have large swollen legs. However, it was determined the resident did receive appropriate care for her lower extremities.

Review of identified resident records on January 16, 2007 - January 17, 2007 document the identified resident receives scheduled hyperbaric treatment from her physician for her lower extremities. Home Health and caregivers at the facility are following physicians orders related to treatments and medications for her lower extremities.

Review of identified resident's records reveals a physicians progress note dated December 27, 2006 that documents "Legs are looking much better".

Observations on January 16, 2007 - January 17, 2007 of identified resident's lower extremities reveal clean, dry and intact dressing wraps bi-laterally.

Observations on 1/16/06 of photos taken at the identified residents doctors office

document improvement of residents lower extremities.

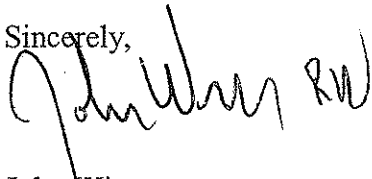
Interviews on January 16, 2007 - January 17, 2007 with the identified resident document the resident feels she is getting good care from all involved. She states "my legs are getting better especially over the last month or so. I have been getting good care here."

Interviews with multiple caregivers reveal that they all know about the basic physicians orders related to caring for the identified residents legs. All interviewed reported that resident is resistant to some orders such as the resident refuses to sleep in bed with feet elevated. She prefers to sleep in a big "cushy" chair instead. Caregivers have discussed the consequences of non-compliance to the orders with the resident. They have contacted physician and family also of non-compliance to physicians orders.

Conclusion: Substantiated. However, the facility was not cited as they acted appropriately by offering and providing appropriate care.

As no deficiencies were cited as a result of our investigation, no response is necessary to this report. Thank you to you and your staff for the courtesies extended to us on our visit.

Sincerely,

A handwritten signature in black ink, appearing to read "John Wingate" followed by a stylized monogram or initials.

John Wingate  
Team Leader  
Health Facility Surveyor  
Residential Community Care Program

JW/sc

c: Jamie Simpson, MBA, QMRP, Supervisor, Residential Community Care Program